NATIONAL STUDENT LOAN DATA SYSTEM S TRAINING
PUERTO RICO

TRAINING REGISTRATION	Date: _____

Participant's Name and Title:

_____
___ Financial Aid Administrator   ___ Owner   ___ President
___ Vice President   ___ Fiscal Officer   ___ Other: _____

Phone #: _____ FAX #: _____
Contact Person: _____
(If other than participant)

INSTITUTION NAME: _____ OPE ID #: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

Class Title: _____

DATE SELECTION		
PREFERENCE	**LOCATION**	**DATE**
1st Choice	Universidad del Sagrado Corazon, San Juan, Puerto Rico	
2nd Choice	Universidad del Sagrado Corazon, San Juan, Puerto Rico	

- A separate **Registration Form** must be completed **for each attendee**.
- Please **type or print**, when completing this form.
- The Registration request **must be received at least three days before the session**.
- Registration requests will be scheduled in the order of receipt.
- **If you have questions or need to cancel/ reschedule,** call the contact at the site where you are interested in attending training.
- Send **Registration Form** to the contact at the site you plan to attend.

If you are in need of special accommodations/services during the training, please explain below:
_____

_____